Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

45817 2000 500

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR		SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 =		*			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero,					, enter "0" in column 2			TOTAL		OR	TOTAL	*	
CLAIMS AS AMENDED - PART II								•		•	OTHER	TḤAN	
(Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	2	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIM	-		X40=		OR	X80=		
	FINOT PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIIVI		4	+135=		OR	+270=		
							· _ _	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	AU	DII. FEC			ADDII. I C.L.		
AMENDMENT B	Post Pro- Francisco	CLAIMS REMAINING AFTER AMENDMENT	Carrier State	HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	5 OL A 13 4	=		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM			₊135 =		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		AUI	DII. FEE		•	ADDIT. I ELI							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	ï	
	Independent	*	Minus	***	T CL AIM	=		X40=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												